WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 22 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12783

1. PLACE OF DEATH

County Cooper — Registration District No. 218 — File No. 30

Township — Primary Registration District No. 3018 — Registered No. 30

City Boonville (No. , St. Ward)

2. FULL NAME Mrs. May C. Hoffmeister

(a) Residence, No. 812 E Spring St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ (OR) WIFE OF Lester Hoffmeister.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18 1878

7. AGE — YEARS: 54 — MONTHS: 6 — DAYS: 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russellville Ill.

FATHER

13. NAME Abner Slawson,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Bryant,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Lester C. Hoffmeister. Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL Boonville Mo.
PLACE Walnut Grove Cem. DATE April 19, 1933

19. UNDERTAKER (ADDRESS) Goodman & Boller. Boonville Mo.

20. FILED Apr 17, 1933 G. A. Russell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16", 1933

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1932, to April 16, 1933

I last saw her alive on April 16, 1933. Death is said to have occurred on the date stated above, at 6:34 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Uterus	May 1932

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Other contributory causes of importance:

Name of operation Complete Hysterectomy Date of May 13 1932

What test confirmed diagnosis? Pathological Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. C. Tincher, M. D.

(Address) Boonville, Mo.